

Advanced Sick Leave Request Process - EMPLOYEE

Where: Employee Leave Balance Page
Who: Approver
Timeframe: Anytime during pay period

Purpose:

An employee may request advanced sick leave (ASL) for the purpose of a medical emergency for themselves or a family member. In addition, an employee may request ASL for military purposes for a family member (up to 240 hours for full-time employees. Contact your center payroll office if you are a part-time, temporary or student employee). These hours may vary depending on employee's duty status. Appropriate medical/military documentation must be faxed to the NASA Shared Service Center Payroll Office (NPO) at **1-866-779-6772**.

Employee or Initiator Procedure:

1. From the employee Leave Balance page, click on the "Create Request for Advanced Sick Leave" link.

LEAVE FORM REQUESTS for	
Create Request for Advance Sick Leave	Create a new request to receive sick leave advance.
Create Request for Voluntary Leave Transfer Program (VLTP)	Create a new request to receive donated leave.
Donate Leave within NASA	Initiate process to donate annual/restored leave within NASA.
Donate Leave outside NASA	Initiate process to donate annual/restored leave outside NASA.
Donate Leave - Emergency Transfer Program	Leave Form Workflow - ASL Test.
List Pending Leave Form Requests	List All Pending leave form requests (Initiated, Editing, Pending Recommendation, etc).
List Historical Leave Form Requests	List All Historical leave form requests (Terminated, Withdrawn, Disapproval Recommended, Final Disapproval, etc).
Visit Online Support for Additional Information on these processes	

2. All fields are required, except 'Employee Alternate Email'. Select individual for approval from the list available. After completion click CONTINUE. A yellow informational box will appear with instructions for certification and submittal. **(IF ANY CHANGES ARE MADE TO THE REQUEST, THE 'CONTINUE' BUTTON MUST BE CLICKED FOR THE CHANGES TO BE SAVED).**

Request with no errors:

Request for Advanced Sick Leave for

Leave Request Number: 6200-02730 [X] List Pending
Initiated by: List History
Status: Initiated

This request may be submitted. Please review the Certification and Privacy Act statements at the bottom of this form. After review, click the Submit Request button located at the bottom of the form.

Actual Emergency/Event Begin Date (MM/DD/YYYY)
Estimated End Date (MM/DD/YYYY)
Number of Advanced Sick Leave Hours Requested

Please select a Purpose:

MEDICAL PURPOSE

- ☒ Care of family member with a serious health condition
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Illness/injury/incapacitation of requesting employee

MILITARY PURPOSE

- ☐ Covered Service Member-Leave used to care for a family member injured while on Active Duty
- ☐ Exigency-Leave to care for a family member called to or preparing for Active Duty

Select individual for approval

Comments (include justification)

Emergency Contact
Emergency Contact Phone XXX-XXX-XXXX
Employee Alternate Email

500 / 500

- If the request has errors the yellow information box will not appear. Red Error messages will appear with instructions on what to correct. The SUBMIT REQUEST button will not be available until all errors are corrected. If necessary, correct errors and click CONTINUE. Review information for accuracy, read the certification and privacy act statements, click the check box, and click SUBMIT REQUEST (located beneath the privacy act statement). The employee\ initiator, approver, and center employee relations (ER) office will receive an email after the request is submitted notifying them that an ASL request has been successfully submitted.

Request with errors:

Request for Advanced Sick Leave for BEAR,POOH

Leave Request Number: 1600-00277

Initiated by: ADMIN (90), SYSTEM (304)

Status: Initiated

This form is incomplete. Please review the following messages:

ERROR - Missing END DATE. Please supply the end date.

ERROR - Missing Actual Emergency Begin Date. Please supply the Actual Emergency Begin Date.

ERROR - No PURPOSE selected. Please select purpose.

ERROR - Please enter at least 1.0 hour.

ERROR - No Emergency Contact entered. Please enter Emergency Contact.

ERROR - No Emergency Contact phone. Please supply the telephone number of the Emergency contact.

All fields, but 'Alternate Email', are required.

Certification: ☐ Privacy Act Statement: ☐

☒ I agree to the Terms and Conditions.

- After submitting the request, a message will display notifying user that the request has been submitted. The employee/initiator will have options to withdraw the request or apply additional comments for reference.

Request for Advanced Sick Leave for BEAR, POOH

Leave Request Number: 1600-00283

Initiated by: BEAR, POOH

Status: Pending NPO Review

Your request has been submitted. Please give medical/military documentation to your approver and fax to NPO at 1-866-779-6772.

All fields, but 'Alternate Email', are required.



- To apply comments, type within the Comments section of the request and, click “Apply Comments”.

Request for Advanced Sick Leave for BEAR, POOH

Leave Request Number: 1600-00283
Initiated by: BEAR, POOH
Status: Pending NPO Review

Your request has been submitted. Please give medical/military documentation to your approver and fax to NPO at 1-866-779-6772.

All fields, but 'Alternate Email', are required.

Actual Emergency/Event Begin Date (MM/DD/YYYY)
Estimated End Date
Number of Advanced Sick Leave Hours Requested
NOTICE: Maximum hours allowed for a full-time employee is 240. Part-time, intermittent, student, or temporary employees please refer to your payroll office for maximum hours allowed.

Individual selected to provide approval: GIANT, GREEN

Comments (include justification)

Emergency Contact
Emergency Contact Phone XXX-XXX-XXXX
Employee Alternate Email

500 / 500

Please select a Purpose:
MEDICAL PURPOSE
☐ Illness/injury/incapacitation of requesting employee
☐ Medical/dental/optical examination of requesting employee
☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
☒ Care of family member with a serious health condition
MILITARY PURPOSE
☐ Exigency-Leave to care for a family member called to or preparing for Active Duty
☐ Covered Service Member-Leave used to care for a family member injured while on Active Duty

- Comments will be saved and display at the bottom of the request page with changed by and changed on information.

Individual selected to provide approval: GIANT, GREEN

Comments (include justification)

Emergency Contact
Emergency Contact Phone XXX-XXX-XXXX
Employee Alternate Email

500 / 500

Comment	Changed By	Changed On
I love ASL!!!	BEAR, POOH	06/06/2011 14:04:23

Privacy Act Statement:

- To withdraw the request, click "WITHDRAW". A yellow instruction box will appear. Follow instructions.

Request for Advanced Sick Leave for BEAR, POOH

Leave Request Number: 1600-00278
Initiated by: GIANT, GREEN
Status: Pending NPO Review

Are you sure you want to withdraw this request?

NOTE: Comment is REQUIRED for Withdrawal. Please enter comment before select 'Yes'.

All fields, but 'Alternate Email', are required.

- Notice that when 'Withdraw (Yes)' is chosen the status changes to 'Initiator Withdraw Confirmed'. When 'Withdraw (No)' is chosen the status of the request does not change. It remains 'Pending NPO Review'.

Request for Advanced Sick Leave for BEAR, POOH

Leave Request Number: 1600-00283
Initiated by: BEAR, POOH
Status: Initiator Withdraw Confirmed by BEAR, POOH on 6/6/2011

- The employee\ Initiator can review the status of the request at any point after submittal from the employee Leave Balance page. Click the link to “List Pending Leave Form Requests”.

LEAVE FORM REQUESTS for

Create Request for Advance Sick Leave

Create a new request to receive sick leave advance.

Create Request for Voluntary Leave Transfer Program (VLTP)

Create a new request to receive donated leave.

Donate Leave within NASA

Initiate process to donate annual/restored leave within NASA.

Donate Leave outside NASA

Initiate process to donate annual/restored leave outside NASA.

Donate Leave - Emergency Transfer Program

Leave Form Workflow - ASL Test.

List Pending Leave Form Requests

List All Pending leave form requests (Initiated, Editing, Pending Recommendation, etc).

List Historical Leave Form Requests

List All Historical leave form requests (Terminated, Withdrawn, Disapproval Recommended, Final Disapproval, etc).

Visit Online Support for Additional Information on these processes

- All pending leave form requests will display in the list. The status as well as other request information is listed. To view the form click ‘Edit’ to the right of the request. Options for withdrawal or applying comments remain available prior to approval. Once approved, the request must be terminated.

All Pending Leave Forms for

Id	Employee	Type	Status	Hours (Total)	Emergency Begin Date	Actual Emergency/Event Begin Date	Est. End Date	Action
6200-02730		ADV SICK LEAVE	Pending NPO Review	40.0	12/19/2010	1/1/2011	2/1/2011	Edit

- APPROVED** requests can be accessed from the leave balances page in the section just above leave balances. Click on the link under the request header.

ACTIVE LEAVE FORM REQUESTS for BEAR, POOH *As of: 06/16/2011

Approved ASL Requests: 1

Approved VLTP Requests: 0

Request #	Request Type	Requests	Pay Period Begin Date	Actual Emergency/Event Begin Date	Estimated End Date
1000-01913	ASL	Illness/injury/incapacitation of requesting employee	06/05/2011	06/05/2011	07/19/2011

- Requests that are withdrawn or terminated can be accessed from the ‘List Historical Leave Form Requests’ link on the leave balances page.

LEAVE FORM REQUESTS for

Create Request for Advance Sick Leave

Create a new request to receive sick leave advance.

Create Request for Voluntary Leave Transfer Program (VLTP)

Create a new request to receive donated leave.

Donate Leave within NASA

Initiate process to donate annual/restored leave within NASA.

Donate Leave outside NASA

Initiate process to donate annual/restored leave outside NASA.

Donate Leave - Emergency Transfer Program

Leave Form Workflow - ASL Test.

List Pending Leave Form Requests

List All Pending leave form requests (Initiated, Editing, Pending Recommendation, etc).

List Historical Leave Form Requests

List All Historical leave form requests (Terminated, Withdrawn, Disapproval Recommended, Final Disapproval, etc).

Visit Online Support for Additional Information on these processes

Employee/Initiator Extension Process:

1. An employee may extend a current ASL request if **(1)** the approved medical condition is ongoing beyond the approved estimated end date **(2)** Additional hours are needed for the **SAME MEDICAL/MILITARY OCCURANCE. ADDITIONAL SUPPORTING DOCUMENTATION MUST BE SENT TO NSSC FOR JUSTIFICATION.**
2. Access the request as indicated in step 11 above. Click 'Extend Request'.

Request for Advanced Sick Leave for BEAR, POOH

Leave Request Number: 1600-00280
Initiated by: ADMIN (90), SYSTEM (304)
Status: Final Approval by ADMIN (90), SYSTEM (304) on 6/6/2011
Medical Documentation received by ADMIN (90), SYSTEM (304) on 6/6/2011
Request verified in FPPS

All fields, but 'Alternate Email', are required.

Actual Emergency/Event Begin Date (MM/DD/YYYY)	<input type="text" value="05/01/2011"/>	Please select a Purpose: MEDICAL PURPOSE <input type="radio"/> Illness/injury/incapacitation of requesting employee <input type="radio"/> Medical/dental/optical examination of requesting employee <input checked="" type="radio"/> Care of family member, including medical/dental/optical <input type="radio"/> Care of family member with a serious health condition
Estimated End Date	<input type="text" value="06/07/2011"/>	
Number of Advanced Sick Leave Hours Requested	<input type="text" value="40.0"/>	

NOTICE: Maximum hours allowed for a full-time employee is 240. Part-time, intermittent, student, or temporary employees please

3. A yellow instruction box will appear. Follow instructions. Click 'Extend Request (Yes)'.

Request for Advanced Sick Leave for BEAR, POOH

Leave Request Number: 1600-00280
Initiated by: ADMIN (90), SYSTEM (304)
Status: Final Approval
Medical Documentation received by ADMIN (90), SYSTEM (304) on 6/6/2011
Request verified in FPPS

Are you sure you want to extend this request?

NOTE: Comment is REQUIRED for Extension. Please enter comment before selecting 'Yes'.

All fields, but 'Alternate Email', are required.

Actual Emergency/Event Begin Date (MM/DD/YYYY)	<input type="text" value="05/01/2011"/>	Please select a Purpose: MEDICAL PURPOSE <input type="radio"/> Illness/injury/incapacitation of requesting employee <input type="radio"/> Medical/dental/optical examination of requesting employee <input checked="" type="radio"/> Care of family member, including medical/dental/optical <input type="radio"/> Care of family member with a serious health condition

4. New fields will appear for 'New' estimated end date and 'New' **TOTAL** number of hours requested. Enter the additional hours you are requesting to the original number requested.
5. See screen shot below. The employee requested 190 hours originally and now needs 50 more hours. The New **TOTAL** number requested is 240. Also, the emergency contact information will be editable if necessary. Enter 'NEW' information and click 'Update'.

Request for Advanced Sick Leave for BEAR, POOH

Leave Request Number: 2200-02074
Initiated by: BEAR, POOH
Status: Extend Request Initiated
Medical Documentation received by ADMIN (90), SYSTEM (304) on 6/7/2011

Please Enter new End Date, Update and Submit for Extension.

All fields, but 'Alternate Email', are required.

Actual Emergency/Event Begin Date (MM/DD/YYYY)	<input type="text" value="05/09/2011"/>	Please select a Purpose: MEDICAL PURPOSE <input checked="" type="radio"/> Illness/injury/incapacitation of requesting employee <input type="radio"/> Medical/dental/optical examination of requesting employee <input type="radio"/> Care of family member, including medical/dental/optical examination of <input type="radio"/> Care of family member with a serious health condition MILITARY PURPOSE <input type="radio"/> Exigency-Leave to care for a family member called to or preparing for A <input type="radio"/> Covered Service Member-Leave used to care for a family member injur
OLD Estimated End Date	<input type="text" value="07/06/2011"/>	
NEW Estimated End Date	<input type="text"/>	
Number of Advanced Sick Leave Hours Requested	<input type="text" value="190.0"/>	
NEW Total Number of Advanced Sick Leave Hours Requested	<input type="text" value="240"/>	

NOTICE: Maximum hours allowed for a full-time employee is 240. Part-time, intermittent, student, or temporary employees please refer to your payroll office for maximum hours allowed.

Individual selected to provide approval: JEVEC, JACOB

Comments (include justification)

500 / 500

Emergency Contact	<input type="text" value="billy bob"/>
Emergency Contact Phone XXX-XXX-XXXX	<input type="text" value="888-000-0987"/>
Employee Alternate Email	<input type="text"/>

6. Click Submit Extension at the bottom of the form and fax additional documentation for same occurrence to the NPO at **1-866-779-6772**. An email is sent to the NPO and the employee.

7. Request is routed to the NPO for review and approval.

Leave Request Number: 2200-02074
Initiated by: BEAR, POOH
Status: Extension Pending NPO Review
Medical Documentation received by ADMIN (90), SYSTEM (304) on 6/7/2011

- An email will be sent to the employee and NPO once the extension is either withdrawn or approved by NPO. The employee can view the status of their extension request by navigating back to their leave balances page to the approved section for leave requests and clicking the link for the request.

ACTIVE LEAVE FORM REQUESTS for BEAR, POOH *As of: 06/20/2011						
Approved ASL Requests: 1						
Approved VLTP Requests: 1						
Request #	Request Type	Requests	Pay Period Begin Date	Actual Emergency/Event Begin Date	Estimated End Date	
2200-02074	ASL	Illness/injury/incapacitation of requesting employee	05/08/2011	05/09/2011	07/06/2011	
2200-02072	VLTP	Self	04/24/2011	04/27/2011	06/11/2011	

Employee/Initiator Termination Process:

- Employees/Initiator will receive an email 30days prior to the estimated end date of their request as a reminder that the estimated end date is approaching. Employees and NPO will also receive an email when the estimated end date has passed. Employees and NPO can terminate a request anytime after approval. To terminate a request, navigate to the leave balances page as shown above and click the link of the request to terminate. Click the 'Terminate Request' button.

Request for Advanced Sick Leave for BEAR, POOH

Leave Request Number: 6200-03228

Initiated by: BEAR, POOH

Status: Final Approval by GIANT, GREEN on 6/14/2011

Medical Documentation received by Anna, Polly **on 6/14/2011** Request verified in FPPS

All fields, but 'Alternate Email', are required.

- A yellow dialogue box appears for verification and a notification to add a comment. Click 'Terminate Request (Yes)'. Note that if 'Terminate Request (No)' is clicked, the request status remains as 'Final Approval' and is not terminated.

Request for Advanced Sick Leave for BEAR, POOH

Leave Request Number: 6200-03228
Initiated by: BEAR, POOH
Status: Final Approval
Medical Documentation received by GIANT, GREEN **on** 6/14/2011**Request verified in** FPPS

Are you sure you want to terminate this request?

NOTE: Comment is REQUIRED for Termination. Please enter comment before selecting 'Yes'.

All fields, but 'Alternate Email', are required.

- When 'Terminate Request (Yes)' is clicked the status changes to 'Terminated.....'

Request for Advanced Sick Leave for BEAR, POOH

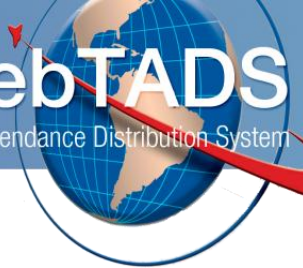
Leave Request Number: 6200-03228
Initiated by BEAR, POOH
Status: Terminated by Initiator/Employee by BEAR, POOH on 6/20/2011
Medical Documentation received by GIANT, GREEN **on** 6/14/2011**Request verified in** FPPS

All fields, but 'Alternate Email', are required.

- The request is now viewable on the 'List Historical Leave Request' link from the leave balances page.

Historical Requests for BEAR, POOH

Id	Employee	Type	Status	Hours (Total)	Pay Period Begin Date	Actual Emergency/Event Begin Date	Est. End Date	Action
6200-03228	BEAR, POOH	ADV SICK LEAVE	Terminated by Initiator/Employee	80	6/5/2011	6/12/2011	9/30/2011	View



Special Considerations:

- The request can be withdrawn by the employee/initiator, NPO, or the Approver any time prior to approval. After approval the request must be terminated.
- The employee (or initiator) does not have the ability to modify the request once submitted (withdraw or apply comments are the only options). If changes are necessary, contact NPO or your Approver.
- Medical documentation must be faxed to the NSSC Payroll office to complete the request and approval process. **NSSC fax number is (866) 779-6772. For assistance, call the NSSC Customer Contact Center at (877) 677-2123.**